

MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Type of Requestor: (x) Health Care Provider () Injured Employee () Insurance Carrier

Requestor's Name and Address
Wol+Med, E.F.Wolski, MD, R.Helsten, MD, L.Miner, DC,
R.E.West, OTR

2436 I-35 South, Ste. 336
Denton TX 75205

MDR Tracking No.: M4-03-4772-01

TWCC No.:

Injured Employee's Name:

Respondent's Name and Address BOX: 45

State Office of Risk Mgmt.

Date of Injury:

Employer's Name: State of Texas

Insurance Carrier's No.: WC 2097319

PART II: SUMMARY OF DISPUTE AND FINDINGS

| Dates of Service | | CPT Code(s) or Description | Amount in Dispute | Amount Due |
|------------------|---------|--|-------------------|------------|
| From | To | | | |
| 4/8/02 | 8/14/02 | 99213-MP, 99205, 99214-MP, 97110, 97112, 97116, 97024, 97530, 97139-PH, 97545-WC, 97546-WC | \$5,542.30 | \$3,732.20 |
| | | | | |

3/24/03: The Requestor noted on the 'Table of Disputed Services' in part, that the Respondent did not submit some EOB's with correct payment exception codes and clear explanation of denials. Some DOS were denied as 'D-duplicate,' when they were requesting reconsideration. There was also question on how fair and reasonable reimbursement was determined and what was not sufficiently documented. Requestor quoted 133.304 (c) and (i).

PART IV: RESPONDENT'S POSITION SUMMARY

5/7/03: The Respondent included the 'Reconsideration EOB's' with their response. Upon reconsideration, Respondent paid for all office visits (CPT codes 99213-MP, 99205 on 4/8/02 and supplemental payment for 99214 on 4/17/02) from 4/8/02 through 8/14/02 per MFG. Also, Respondent paid for disputed CPT codes on the following DOS: 6/5/02, 6/10/02, 6/12/02, 6/21/02, 6/24/02, 6/26/02 and 6/28/02.

The position statement continued: "...In review of the documentation submitted to support billed charges for physical therapy and work conditioning, the 'Office' found that the documentation does not meet the criteria set forth in the Medicine Ground Rules (MGR) of the Medical Fee Guideline (MFG). In the MGR, Work Conditioning is defined as a highly structured, goal oriented, individualized treatment program using real or simulated work activities in conjunction with conditioning tasks. The documentation does not show a complete treatment plan on the providers 'Work Conditioning Progress.' Note, patient response to individual treatment was not noted, nor does it document how the patient is improving. Therefore the 'Office' will maintain that the documentation submitted is insufficient for all charges of physical therapy and work conditioning. The 'Office' also notes that reimbursement for CPT Code 97139 (PH) was reimbursed at a fair and reasonable rate..."

PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

On 3/24/03, the Requestor submitted 'Form TWCC-60' to MDR requesting reimbursement for treatment/services rendered from 4/8/02 through 8/14/02. Treatment/Service(s) began on the date of injury, 4/8/02.

After review of the information received, the following conclusions have been determined:

- The Respondent, after reconsideration, submitted EOB's showing payment per MAR for office visits including CPT codes 99205, 99214 and 99231-MP, therefore a dispute no longer exists on these codes and will not be mentioned further in this Finding and Decision.
- The Respondent also submitted an EOB of payment for the following DOS that were on the 'Table of Disputed Services': 6/5/02, 6/10/02, 6/12/02, 6/21/02, 6/24/02, 6/26/02 and 6/28/02. Check #100540923 for these DOS was mailed on 1/7/03. Therefore, a dispute no longer exists on these DOS and they will not be reviewed further in this Finding and Decision.
- The Respondent reimbursed CPT code 97139-PH @\$40.50, with the explanation denial code of Fair and Reasonable, but did not submit documentation to support their reasoning of Fair and Reasonable. The Requestor provided convincing evidence according to Rule 133.1 (a)(8) that what they billed was their usual and customary billing. Therefore, fair and reasonable was established at \$49.00 per unit and additional reimbursement is recommended as follows:

CPT code 97139-PH DOS: 4/16/02, 4/17/02, 4/18/02, 4/19/02, 4/22/02, 4/26/02,

Each DOS x 2 units (@\$49.00) = \$98.00 – (amount previously reimbursed) \$40.50 = \$57.50.

Amount Due per day = \$57.50 x 6 days = **\$345.00**

- According to 133.300, convincing evidence was not received for review explaining/justifying the denial for treatment rendered in-between DOS the Respondent paid. Therefore, reimbursement is recommended for the following according to MFG/MGR and reimbursement per MAR:

(DOS: 4/8/02 – 5/29/02, paid.)

DOS: 6/3/02 97530 x 2 units = @\$53.00 per unit = \$106.00

97116 x 1 unit = \$38.00

97024 x 1 unit = \$21.00

(DOS: 6/5/02, paid.)

DOS: 6/7/02 97530 x 2 units = @\$53.00 per unit = \$106.00

97110 x 1 unit = \$35.00

97116 x 1 unit = \$38.00

97024 x 1 unit = \$21.00

(DOS: 6/10/02, 6/12/02, paid.)

DOS: 6/17/02 97530 x 2 units = @\$53.00 per unit = \$106.00

97110 x 1 unit = \$35.00

97116 x 1 unit = \$38.00

97012 x 1 unit = \$20.00

DOS: 6/19/02 97530 x 2 units = @\$53.00 per unit = \$106.00

97110 x 1 unit = \$35.00

97116 x 1 unit = \$38.00

97024 x 1 unit = \$21.00

Total Due: \$764.00

(DOS: 6/21/02, 6/24/02, 6/26/02, 6/28/02, Paid.)

- According to the disputed issues and medical documentation, work conditioning began on 7/1/02 and continued until 8/7/02 for a total of 12 days. Per MFG/MGR (II)(D), criteria for work conditioning is defined/explained. The work conditioning billed was denied as follows:

DOS 7/1/02, 7/3/02, 7/8/02: “N” – “Not documented. Documentation must include treatment provided with days of the week, response to treatment, progressive overall improvement of symptoms; failure to respond to treatment should reflect a change of the treatment plan.”

DOS 7/9/02, 7/11/02, 7/17/02, 7/18/02, 7/29/02, 7/31/02, 8/5/02, 8/6/02: ‘N’- “Not documented . Upon review, documentation as submitted does not support the procedure as billed.”

DOS: 8/7/02: ‘N’- “Not documented. Upon review, documentation submitted did not contain information specific to this service.”

After review of actual documentation for each day of work conditioning, MDR compared the criteria set out in the MFG/MGR (II)(D) and concluded the Requestor is due reimbursement for treatment/services rendered for the 12 days from 7/1/02 through 8/7/02. Reimbursement per MAR as follows:

DOS 7/1/02 97545-WC (x2) = $(\$28.80 \times 2) = \57.60

97546-WC (x4) = $\$28.80 \times 4 \text{ units} = \115.20

DOS 7/3/02 97545-WC (x2) = $(\$28.80 \times 2) = \57.60

97546-WC (x4) = $\$28.80 \times 4 \text{ units} = \115.20

DOS 7/8/02 97545-WC (x2) = $(\$28.80 \times 2) = \57.60

97546-WC (x6) = $\$28.80 \times 6 \text{ units} = \172.80

DOS 7/9/02 97545-WC (x2) = $(\$28.80 \times 2) = \57.60

97546-WC (x5) = $\$28.80 \times 5 \text{ units} = \144.00

DOS 7/11/02 97545-WC (x2) = $(\$28.80 \times 2) = \57.60

97546-WC (x6) = $\$28.80 \times 6 \text{ units} = \172.80

DOS 7/17/02 97545-WC (x2) = $(\$28.80 \times 2) = \57.60

97546-WC (x6) = $\$28.80 \times 6 \text{ units} = \172.80

DOS 7/18/02 97545-WC (x2) = $(\$28.80 \times 2) = \57.60

97546-WC (x6) = $\$28.80 \times 6 \text{ units} = \172.80

DOS 7/29/02 97545-WC (x2) = $(\$28.80 \times 2) = \57.60

97546-WC (x6) = $\$28.80 \times 6 \text{ units} = \172.80

DOS 7/31/02 97545-WC (x2) = $(\$28.80 \times 2) = \57.60

97546-WC (x6) = $\$28.80 \times 6 \text{ units} = \172.80

DOS 8/5/02 97545-WC (x2) = $(\$28.80 \times 2) = \57.60

97546-WC (x6) = $\$28.80 \times 6 \text{ units} = \172.80

DOS 8/6/02 97545-WC (x2) = $(\$28.80 \times 2) = \57.60

97546-WC (x6) = $\$28.80 \times 6 \text{ units} = \172.80

DOS 8/7/02 97545-WC (x2) = $(\$28.80 \times 2) = \57.60

97546-WC (x6) = $\$28.80 \times 6 \text{ units} = \172.80

Total Due: 97545 WC = \$691.20

97546 WC = 1382.40

\$2,620.80

PART VI: COMMISSION DECISION AND ORDER

Based upon the review of the disputed healthcare services, the Medical Review Division has determined that the requestor is entitled to additional reimbursement in the amount of \$3,729.80. The Division hereby **ORDERS** the insurance carrier to remit this amount plus all accrued interest due at the time of payment to the Requestor within 20-days of receipt of this Order.

Ordered by:

8 / 10 / 05

Authorized Signature

Typed Name

Date of Order/Decision

PART VII: YOUR RIGHT TO REQUEST A HEARING

If you are unhappy with all or part of this decision, you have the right to appeal the decision. Those who wish to appeal decisions that were issued during the month of August 2005, should be aware of changes to the appeals process which take effect September 1, 2005.

House Bill 7, recently enacted by the 79th Texas Legislature, provides that an appeal of a medical dispute resolution order that is not pending for a hearing at the State Office of Administrative Hearings (SOAH) on or before August 31, 2005 is not entitled to a SOAH hearing. This means that the usual 20-day window to appeal to SOAH, found in Commission Rule 148.3, will be shortened for some parties during this transition phase. If you wish to seek an appeal of this medical dispute resolution order to SOAH, you are encouraged to have your request for a hearing to the Commission as early as possible to allow sufficient time for the Commission to submit your request to SOAH for docketing. A request for a SOAH hearing should be sent to: Chief Clerk of Proceedings/Appeals Clerk, P.O. Box 17787, Austin, Texas 78744 or faxed to 512-804-4011. A copy of this Decision should be attached to the request.

Beginning September 1, 2005, appeals of medical dispute resolution orders are procedurally made directly to a district court in Travis County [see Texas Labor Code, Sec. 413.031(k), as amended and effective Sept. 1, 2005). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable.

Si prefiere hablar con una persona in español acerca de ésta correspondencia, favor de llamar a 512-804-4812.

PART VIII: INSURANCE CARRIER DELIVERY CERTIFICATION

I hereby verify that I received a copy of this Decision in the Austin Representative's box.

Signature of Insurance Carrier: _____ Date: _____